Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

Approved for use through 1/31/2007, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/585,099			ing Date 28/2 00 6	☐ To be Mailed
APPLICATION AS FILED – PART I (Column 1) (Column 2)							SMALL ENTITY 🛛				HER THAN ALL ENTITY
	FOR	N	UMBER FIL	.ED NUI	MBER EXTRA		RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		ı	N/A	
	SEARCH FEE (37 CFR 1 16(k), (i),	or (m))	N/A		N/A	1	N/A		ı	N/A	
	EXAMINATION FE (37 CFR 1,16(o), (p),		N/A		N/A		N/A		l	N/A	
TO' (37	TAL CLAIMS CFR 1.16(i))		minus 20 = *			l	x s = 1		OR	x s =	
IND (37	EPENDENT CLAIM CFR 1.16(h))	1S	minus 3 = *			1	x \$ =		1	X S =	
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addi	er, the application for small entity) sheets or fraction	on and drawings exceed 100 t, the application size fee due or small entity) for each seets or fraction thereof. See (1)(G) and 37 CFR 1.16(s).							
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL			TOTAL	L
APPLICATION AS AMENDED - PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	11/14/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	* 33	Minus	33	= 0		X \$30 =	0	OR	X \$ =	
	Independent (37 CFR 1.16(h))	· 3	Minus	3	- 0		X \$125 =	0	OR	X \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE	0	OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		GLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	-		X \$ =		OR	x s =	
M	Independent (37 CFR 1 16(h))		Minus	***	-	l	X \$ =		OR	x s =	
핕	Application Size Fee (37 CFR 1.16(s))					l			ı		
Ą	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
TO' ADI FE									OR	TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Number Previously Paid For" IN THIS SPACE is less than 2, enter "20". **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1. The "Highest Number Previously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.											

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to life (and by the DSFT0 to process) an application Confidentiality is governed by 35 US. of 22 and 37 CFR 1.14. This collection is estimated to beta 21 minutes to complete, including gathering preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this burdon, should be sent to the Chief Information Cliber. U.S. Patient and Trademark Office, U.S. Department of Commons P.O. Box 1469, Alexandria, VA 2231-0. Box 150, DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS SEND TO Commissioner for Patients, S.O. Box 1459, Alexandria, VA 2231-3. Box 150, DOX NOT SEND FEES OR COMPLETED FORMS TO THIS AUDIESS SEND TO Commissioner for Patients, S.O. Box 1459, Alexandria, VA 2231-3. Box 150, DOX NOT SEND FEES OR COMPLETED FORMS TO THIS